

CLAIMS ONLY							Application Number 10/64275)		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
1													
2													
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44		1											
45		1											
46		1											
47	1												
48		1											
49	1												
50	1												
Total Indep													
Total Depend													
Total Claims													

8
25